Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/25/2010</u>	Address:	<u>903</u> 5 E 300 N	
Case #:	22F-46247		MONGO, IN	
County:	<u>LAGRANGE</u>			
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
(check all the Lithium	nd: Location (bedroom, kitchen, open ainst apply) /Ammonia Reaction(s): vehicle interposphorous/Iodine Reaction(s):	ior		
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: vehicle interior				
Corrosive Base: vehicle interior				
Other (i	tem and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrin Retail/M	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:ASSIST LCSD	
This repor	t is to be faxed to the following agen	cies that serve the b	ocation:	
Health Dep	ment: MONGO VFD artment: LAGRANGE COUNTY ction Service:	Fax: <u>260-367</u> -2140 Fax: <u>260-499-4189</u> Fax:		
For further	information regarding this methamph	etamine laboratory, c ne <u>765-369-2561</u>	ontact	

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.